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NO. 727 P. 1

MORRISON & FOERSTER LLP

Attorneys at Law
425 Market Street
San Francisco, California 94105-2482
Telephone: (415) 268-7000
Facsimile: (415) 268-7522

To:

NAME:	FACSIMILE:	TELEPHONE:
U.S. Patent and Trademark Office M/S Amendment	(703) 872-9306	

FROM: Katherine D. Lee (Reg. No. 44,865)**DATE:** December 21, 2004

Number of pages with cover page:	21	
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Preparer of this slip has confirmed that facsimile number given is correct: 2451/jxh3**CAUTION - CONFIDENTIAL**

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Contents of this Transmission:

Inventor: Peter M. DICKSTEIN et al.		Atty Docket No. 468182000100
Application No.: 09/752,650	Filing Date: December 29, 2000	
Group Art Unit: 3624	Examiner: C. Kyle	
Title: SYSTEM AND METHOD TO ORGANIZE AND MANAGE CORPORATE CAPITALIZATION AND SECURITIES		
Documents Filed:		
Transmittal (1 page)		
Fee Transmittal w/duplicate copy for fee processing (2 pages)		
Petition for Extension of Time - 3 months (1 page)		
Amendment (16 pages)		
Facsimile Return Receipt Cover		
Sender's Initials:	KDL3/jxh3	Date December 21, 2004

sf-1840476

PTO/SB/21 (C9-04)


Approved for use through 07/31/2006. OMB 0651-0031

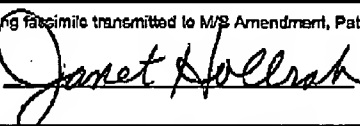
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	09/752,650
		Filing Date	December 29, 2000
		First Named Inventor	Peter M. DICKSTEIN
		Art Unit	3624
		Examiner Name	C. Kyle
Total Number of Pages in This Submission	20	Attorney Docket Number	468182000100

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form w/duplicate copy for fee processing (2 pages) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (16 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Return Receipt Cover
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer No. 20872)		
Signature			
Printed name	Katherine D. Lee		
Date	December 21, 2004	Reg. No.	44,865

I hereby certify that this correspondence is being facsimile transmitted to M/S Amendment, Patent and Trademark Office, facsimile no. (703) 872-8306, on the date shown below.	
Dated: December 21, 2004	Signature:  Janet Hollrah

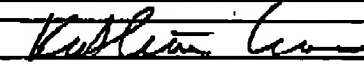
sf-1834661

PTO/SB/17 (11-04)

Approved for use through 7/31/2006. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2005				Complete if Known																																																																																							
Effective 10/01/2004, Patent fees are subject to annual revision.				Application Number 09/752,850																																																																																							
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Filing Date December 29, 2000																																																																																							
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METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> None <div style="margin-left: 20px;"> Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP </div>				2. EXTRA CLAIM FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee (\$)</th> <th style="text-align: right;">Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20</td> <td style="text-align: right;">18</td> <td style="text-align: right;">9</td> </tr> <tr> <td>Each independent claim over 3</td> <td style="text-align: right;">88</td> <td style="text-align: right;">44</td> </tr> <tr> <td>Multiple dependent claims</td> <td style="text-align: right;">300</td> <td style="text-align: right;">150</td> </tr> <tr> <td>For Reissues, each claim over 20 and more than in the original patent</td> <td style="text-align: right;">18</td> <td style="text-align: right;">9</td> </tr> <tr> <td>For Reissues, each independent claim more than in the original patent</td> <td style="text-align: right;">88</td> <td style="text-align: right;">44</td> </tr> </tbody> </table>				Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20	18	9	Each independent claim over 3	88	44	Multiple dependent claims	300	150	For Reissues, each claim over 20 and more than in the original patent	18	9	For Reissues, each independent claim more than in the original patent	88	44																																																																		
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The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments To the above-identified deposit account. <input type="checkbox"/> Other (please identify): _____				<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Total Claims</th> <th style="text-align: right;">Extra Claims</th> <th style="text-align: right;">Fee (\$)</th> <th style="text-align: right;">Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>33</td> <td style="text-align: right;">- 78 =</td> <td style="text-align: right;">0</td> <td style="text-align: right;">x 50 = 0</td> </tr> <tr> <td colspan="4">HP= highest number of total claims paid for, if greater than 20</td> </tr> <tr> <th style="text-align: left;">Indep. Claims</th> <th style="text-align: right;">Extra Claims</th> <th style="text-align: right;">Fee (\$)</th> <th style="text-align: right;">Fee Paid (\$)</th> </tr> <tr> <td>5</td> <td style="text-align: right;">- 3 =</td> <td style="text-align: right;">2</td> <td style="text-align: right;">x 200 = 400.00</td> </tr> <tr> <td colspan="4">HP= highest number of independent claims paid for, if greater than 3</td> </tr> <tr> <th style="text-align: left;">Multiple Dependent Claims</th> <th style="text-align: right;">Fee (\$)</th> <th style="text-align: right;">Fee Paid (\$)</th> <td></td> </tr> <tr> <td>0</td> <td style="text-align: right;">0</td> <td style="text-align: right;">380</td> <td style="text-align: right;">0</td> </tr> <tr> <td colspan="3" style="text-align: right;">Subtotal (2) \$</td> <td style="text-align: right;">400.00</td> </tr> </tbody> </table>				Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	33	- 78 =	0	x 50 = 0	HP= highest number of total claims paid for, if greater than 20				Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	5	- 3 =	2	x 200 = 400.00	HP= highest number of independent claims paid for, if greater than 3				Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)		0	0	380	0	Subtotal (2) \$			400.00																																																
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Signature 		Registration No. 44,865		Telephone (415) 268-6983																																																																																							
Name (Print/Type) Katherine D. Lee		Date December 21, 2004																																																																																									

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PTO/SB/17 (11-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2005

Effective 10/01/2004, Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **1,420.00**

Complete if Known

Application Number	09/752,850
Filing Date	December 29, 2000
First Named Inventor	Peter M. DICKSTEIN
Examiner Name	C. R. Kyle
Art Unit	3624
Attorney Docket No.	468182000100

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order
☒ Deposit Account ☐ None

Deposit
Account
Number

03-1852

Deposit
Account
Name

Morrison & Foerster LLP

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below
☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17
☒ Credit any overpayments

To the above-identified deposit account.

☐ Other (please identify):

FEE CALCULATION (continued)

2. EXTRA CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
33	78	0	50

HP= highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
6	3	2	200

HP= highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
0	0	360

Subtotal (2) \$ 400.00

1. BASIC FILING FEE

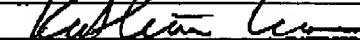
Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility Filing Fee	790	395	
Design Filing Fee	350	175	
Plant Filing Fee	550	275	
Reissue Filing Fee	790	395	
Provisional Filing Fee	160	80	
Subtotal (1) \$			0.00

3. OTHER FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid
1-month extension of time	110	35	
2-month extension of time	430	215	
3-month extension of time	980	490	1,020.00
4-month extension of time	1,330	765	
5-month extension of time	3,080	1,040	
Information disclosure stmt. Fee	180	180	
37 CFR 1.17(a) processing fee	50	50	
Non-English specification	130	130	
Notice of Appeal	340	170	
Filing a brief in support of appeal	340	170	
Request for oral hearing	300	150	
Other:			

Subtotal (3) \$ 1,020.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	44,865	Telephone	(415) 268-6983
Name (Print/Type)	Katherine D. Lee	Date	December 21, 2004		

DEC. 21. 2004 4:27PM

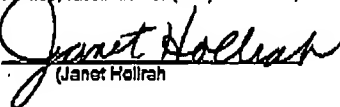
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Me Amendment, Patent and Trademark Office, facsimile no. (703) 872-9306, on
the date shown below.

Dated: December 21, 2004 Signature: 

(Janet Hollrah)

Docket No.: 468182000100
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Peter M. DICKSTEIN et al.

Application No.: 09/752,650

Confirmation No.: 1500

Filed: December 29, 2000

Art Unit: 3624

For: **SYSTEM AND METHOD TO ORGANIZE
AND MANAGE CORPORATE
CAPITALIZATION AND SECURITIES**

Examiner: C. Kyle

AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION

M/S Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This is in response to the non-final Office Action dated June 21, 2004 (Paper No. 11), for which the shortened statutory period for response expired September 21, 2004. Filed herewith is a Petition and fee for a three-month extension of time, thereby extending the deadline for response to December 21, 2004. Reconsideration and allowance of the pending claims, as amended, in light of the remarks presented herein are respectfully requested.

sf-1834662